

Harbor Creek School District

Application for Workshop/Conference/Clinic/Act 48 (Only 1 event per form with description attached)

Employee Name: _____

Provider Name: _____ Course Location: _____

Name of Event: _____ Event Date(s): _____

Attendance requested by (If applicable): _____

Will a substitute be required: YES/NO Date(s) sub required: _____ Half Day Sub: AM/PM

Estimated Expenses: Registration \$ _____ Mileage Cost \$ _____ Lodging \$ _____ Meals \$ _____

****It is required to put in estimated expenses for reimbursement purposes. Any area left blank will not be eligible for reimbursement. Please attach a Mapquest for mileage. *In order to receive reimbursement, all expenses must be turned in no later than 30 days after the completion of the event. REGISTRATION FOR ALL EVENTS IS THE SOLE RESPONSIBILITY OF THE ATTENDEE. IF APPLICABLE, ATTACH A REQUISITION TO THIS FORM.***

Will a school vehicle be needed? YES/NO (If yes-attach form) Total Expenses: _____

Please Circle One: District funds/District Funds Allocated per Contract (\$11,000)/Grant Funding Source: _____

Will a Cash Advance be needed? YES/NO If YES: \$ _____

(All cash advances must be board approved; the board agenda is prepared during the 1st week of each month. The board typically votes on requests on the 3rd Thursday, please plan to accommodate this schedule)

List Area(s) of Certification on Professional Certificate Related to the Activity Requested

How does the workshop/conference/seminar support the strategic plan? _____

Please attach the agenda and objectives for the workshop/conference/seminar you are planning to attend.

How will you benefit from attending and how will you share the information gained? _____

Applicant Signature: _____ Date: _____ Building Assignment: _____

Administrator Approval: _____ Date: _____

Note: the Special Education Director or Technology Supervisor must authorize workshops in those areas as well as your building principal

Curriculum Director's Signature: _____ Date: _____ Approved for Act 48

Superintendent's Signature: _____ Date: _____ Approved for Reimbursement